

87766-1

9/2/2014

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UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
WASHINGTON, DC 20460



OFFICE OF CHEMICAL SAFETY
AND POLLUTION PREVENTION

September 2, 2014

Trifecta LLC
c/o
Kevin Kutcel
KRK Consulting LLC
5807 Churchill Way
Medina, OH 44256

Subject: Label Notification per PRN 98-10 to add marketing claims to the label
Product Name: Ant Zap
EPA Registration Number: 87766-1
Application Date: August 15, 2014
Decision Number: 494735

Dear Mr. Kutcel:

The Agency is in receipt of your Application for Pesticide Notification under Pesticide Registration Notice (PRN) 98-10 for the above referenced product. The Registration Division (RD) has conducted a review of this request for its applicability under PRN 98-10 and finds that the action requested falls within the scope of PRN 98-10.

The label submitted with the application has been stamped "Notification" and will be placed in our records.

If you have any questions, please contact Gene Benbow at (703) 347-0235 or via email at benbow.gene@epa.gov.

Sincerely,

A handwritten signature in black ink, appearing to read "M. F. Laws".

Meredith F. Laws, Chief
Insecticide-Rodenticide Branch
Registration Division



United States
Environmental Protection Agency
Washington, DC 20460

<input type="checkbox"/>	Registration
<input type="checkbox"/>	Amendment
<input checked="" type="checkbox"/>	Other

OPP Identifier Number

Application for Pesticide - Section I

1. Company/Product Number Trifecta LLC / 87766-1	2. EPA Product Manager	3. Proposed Classification <input checked="" type="checkbox"/> None <input type="checkbox"/> Restricted
4. Company/Product (Name) Trifecta LLC / Ant Zap	PM# 7	
5. Name and Address of Applicant (Include ZIP Code) Trifecta LLC PO Box 9825 Fayetteville, AR 72703 <input checked="" type="checkbox"/> Check if this is a new address	6. Expedited Review. In accordance with FIFRA Section 3(c)(3) (b)(i), my product is similar or identical in composition and labeling to: <input checked="" type="checkbox"/> EPA Reg. No. _____ Product Name _____	

Section - II

<input type="checkbox"/> Amendment - Explain below.	<input type="checkbox"/> Final printed labels in response to Agency letter dated _____
<input type="checkbox"/> Resubmission in response to Agency letter dated _____	<input type="checkbox"/> "Me Too" Application.
<input checked="" type="checkbox"/> Notification - Explain below.	<input type="checkbox"/> Other - Explain below.

Explanation: Use additional page(s) if necessary. (For section I and Section II.)

Please see cover letter.

Section - III

1. Material This Product Will Be Packaged In:				2. Type of Container	
Child-Resistant Packaging <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Unit Packaging <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Water Soluble Packaging <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If "Yes" Unit Packaging wgt. No. per container		<input checked="" type="checkbox"/> Metal <input type="checkbox"/> Plastic <input type="checkbox"/> Glass <input type="checkbox"/> Paper <input type="checkbox"/> Other (Specify) _____
* Certification must be submitted		If "Yes" Package wgt. No. per container			
3. Location of Net Contents Information <input checked="" type="checkbox"/> Label <input type="checkbox"/> Container		4. Size(s) Retail Container 1.6 lbs	5. Location of Label Directions <input checked="" type="checkbox"/> On Label <input type="checkbox"/> On Labeling accompanying product		
6. Manner in Which Label is Affixed to Product		<input checked="" type="checkbox"/> Lithograph <input type="checkbox"/> Paper glued <input type="checkbox"/> Stenciled <input type="checkbox"/> Other _____			

Section - IV

1. Contact Point (Complete items directly below for identification of individual to be contacted, if necessary, to process this application.)		
Name Kevin R. Kutcel	Title Consultant	Telephone No. (Include Area Code) 440-263-7305
Certification I certify that the statements I have made on this form and all attachments thereto are true, accurate and complete. I acknowledge that any knowingly false or misleading statement may be punishable by fine or imprisonment or both under applicable law.		6. Date Application Received (Stamped)
2. Signature 	3. Title Consultant	
4. Typed Name Kevin R. Kutcel	5. Date 1/9/2013	

ANT ZAP
TO KILL ANTS* AND MOLES

NOTIFICATION
09/02/2014

Active ingredients: Carbon Dioxide.....100.0%
Total.....100.0%

KEEP OUT OF REACH OF CHILDREN

WARNING

Use with adequate ventilation outdoors. Close valve system when not in use and when empty. ANT ZAP gas being heavier than air tends to accumulate underground in the targeted mound and tunnel systems displacing air upward.

See First Aid Statement on Back Panel.

Net Wt. 1.6 lb.

EPA Reg. 87766-R

Establishment # 87766-AR-001

Manufactured for Trifecta LLC, P O Box 9825, Fayetteville, Arkansas 72703

PRECAUTIONARY STATEMENTS

HAZARDS TO HUMANS AND DOMESTIC ANIMALS

WARNING: May be fatal if inhaled. Do not breathe vapor. Exposure may cause suffocation and death. Liquid can cause frostbite. Do not get liquid on skin or in eyes. Exposure to high levels may occur without warning or detection by user.

DIRECTIONS FOR USE

It is a violation of federal law to use this product in a manner inconsistent with its labeling. Read all directions for use carefully before using this product

DO NOT REMOVE CYLINDER UNTIL PRODUCT IS EXHAUSTED.

*KILLS ANTS (excludes carpenter, harvester, fire, and pharaoh ants) and moles. This product must only be used to fumigate outdoor ant mounds and mole tunnel systems. ANT ZAP acts by displacing oxygen and suffocating the listed target pests. Do not use this product in such a way that non-target animals will be exposed. General ANT ZAP set up: Secure the cylinder to the device by threading counter-clockwise until there is no leakage.

Treatment of Ant Mounds

Treatment Instructions

Step 1: Secure the cylinder on the applicator by threading clockwise to secure an airtight seal. **ALWAYS HOLD CYLINDER UPRIGHT while in use.** **Step 2:** A Small amount of talcum powder applied where probe meets shield greatly reduces the ant's ability to crawl up probe. Ensure holes on probe are below mound surface. **Step 3:** Treat each individual mound at Four (4) separate locations at 5 second intervals or until cylinder is completely exhausted. **Step 4:** The effects of ANT ZAP are immediate, but the soil conditions may effect the time needed for treatment. Additional applications may be needed based upon the size of the mound and activity of the ants.

Treatment of Mole Tunnel Systems

Subsurface runways are detected as raised ridges of soil caused by moles foraging just below the surface. As many subsurface runways are used only once, you must determine which runways are habitually used by moles. To check subsurface runways for continued activity, gently flatten short sections of runways, marking the locations where runways have been flattened with flags on short stakes so that you will know where to look for reconstruction of the ridge. Make sure that the flags are located beside (rather than in) the runways marked. Runways that are reconstructed within 72 hours of flattening should be targeted for treatment.

CONICAL MOUNDS and DEEP TUNNELS: Moles also may construct deeper tunnel systems, 4-6 inches below the ground surface. Such deeper tunnel systems are observed by the presence of conical mounds, sometimes 4-12 inches high, which are formed when moles push excavated soil up to the surface. Adjacent conical mounds often are only a few feet apart. The tunnel running between adjacent mounds may be found by probing the soil between mounds. Resistance on the probe decreases abruptly once the tunnel is entered. To treat deeper tunnels, probe until a tunnel is located. Enlarge the probe hole as needed to accommodate the Ant Zap probe. Treat each apparent length of deep tunnel. Several days after treatment, check deep tunnels for continued presence of moles by probing

openings into tunnels and marking them with flagged stakes inserted into the soil beside the opening. Re-treat all deep tunnels whose openings are reclosed from within during the next 72 hours.

Treatment Instructions

Step 1: Secure the cylinder on the applicator by threading clockwise to secure an airtight seal. **ALWAYS HOLD CYLINDER UPRIGHT while in use.** **Step 2:** Ensure holes on probe are in identified tunnel. **Step 3:** Treat each tunnel section at 4-6 foot intervals at 5 second intervals or until cylinder is completely exhausted. **Step 4:** The effects of ANT ZAP are immediate, but the soil conditions may effect the time needed for treatment. Additional applications may be needed based upon the size of the mole tunnel system.

OPTIONAL MARKETING STATEMENTS:

- DON'T MOVE 'EM KILL 'EM!
- They just go to sleep and Don't Wake UP!
- No Residue or Runoff
- *KILLS ANTS (*except carpenter, harvester, fire and pharaoh ants*)
- WORKS FAST
- EASY TO USE
- KILLS MOLES

FIRST AID	
If Inhaled	<ul style="list-style-type: none"> • Move person to fresh air. • If person is not breathing, call 911 or an ambulance, then give artificial respiration, preferably mouth-to-mouth if possible. • Call a poison control center or doctor for treatment advice
<p>Have the product container or label with you when calling a poison control center, doctor, or when seeking medical treatment. For emergency information concerning this product, call the National Pesticide Information Center at 800-858-7378.</p>	

STORAGE AND DISPOSAL
<p>Do not contaminate water, food, or feed by storage or disposal.</p> <p>Pesticide Storage: Store in a cool, dry area in original container. Store away from food and food. Make certain that all valves are closed prior to storing the device.</p> <p>Pesticide Disposal and Container Handling: Nonrefillable container. Do not reuse or refill this container. If empty: Place in trash or offer for recycling if available. Replace only with ANT ZAP cylinders. If partially filled: Vent unusable Carbon Dioxide out doors in a well-ventilated area.</p>